

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY											
FOR ·			NUMBER FILED			NUMBER	EXTRA	F	RATE	FEE	] [	RATE	FEE										
BASIC FEE										345.00	OR		690.00										
то	TAL CLAIMS		( minus 20=			*			<b>(\$ 9=</b>		OR	X\$18=											
IND	EPENDENT CL	AIMS	minus 3			=   *			K39=		OR	X78=											
MULTIPLE DEPENDENT CLAIM PRESENT								+	130=		OR	+260=											
* If the difference in column 1 is less than zero, enter "0" in column 2								T	OTAL	345	OR	TOTAL											
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SI	OTHER THAN SMALL ENTITY OR SMALL ENTIT														
AMENDMENT A		CL/ REM/ AF	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*		Minus	**		=	×	(\$ 9=		OR	X\$18=											
	Independent	*		Minus	**		=	$\rightarrow$	<b>(</b> 39=		OR	X78=											
H	FIRST PRESE	NTATIC	N OF ML	JLTIPLE DE	PENI	DENT CLAIM			130=		OR	·+260=	i										
(Column 1) (Column 2) (Column 3)									TOTAL			TOTAL											
									OIT. FEE		1,	ADDIT. FEE	•										
AMENDMENT B		REM/ AF	AIMS AINING TER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*		Minus	**		=	X	(\$ 9=		OR	X\$18=											
	Independent	*	N 65	Minus	**		=	X39=			OR	X78=											
-	FIRST PRESE	:NTATIC	ON OF MI	JUIPLE DE	PEN.	DENT CLAIM		-	130=		OR	+260=											
								ADD	TOTAL DIT. FEE			TOTAL ADDIT. FEE											
			umn 1)		(0	Column 2)	(Column 3)	ADL					5.5.										
AMENDMENT C		CL REM/ AF	AIMS AINING TER IDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total			Minus	**		=	×	(\$ 9=		OR	X\$18=											
	Independent	*		Minus	••	•	=	\rac{1}{2}	(39=		OR	X78=	<u> </u>										
	FIRST PRESENTATION OF MULTIPLE DEPE					DENT CLAIM																	
								<u> </u>	130= TOTAL		OR	+260=	<u> </u>										
	If the "Highest Nu If the "Highest Nu	mber Pre Imber Pre	eviously Pa eviously Pa	aid For" IN TH aid For" IN TH	IIS SP	PACE is less that PACE is less that	an 20, enter "20." an 3, enter "3."	مام	IT. FEE	propriate bo	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												